STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510388	A. BUILDING: _____ B. WING _____	C 09/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAS OF HOLLY BROOK MARSHALL	17050 NORTH QUALITY LIME ROAD MARSHALL, IL 62441

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comment Original Investigation of Facility Reported Incident dated 8/3/25, IL 196768 Technical Infraction: Technical Infraction: 295.4000 b). During this survey, it was identified that the establishment did not have a physician sign R1's physician assessment. The regulations were reviewed with the establishment who verbalized understanding. It was determined a technical infraction would be given surrounding this event. While the surveyor was onsite, the establishment has taken steps to correct the situation, including prevention from reoccurrence, as listed in 295.1040 a) b). No violation imposed. T3 Violation cited: 295.4060 b).	A 000		
A4060	Seciton 295.4060 Alzheimer's and Demential Programs This Regulation is not met as evidenced by: T3 Violation Section 295.4060 Alzheimer's and Dementia Programs b) No person shall be admitted or retained in an assisted living or shared housing establishment if the establishment cannot provide or secure appropriate care, if the resident requires a level of service or type of service for which the establishment is not licensed or which the establishment does not provide, or if the establishment does not have the staff appropriate in numbers and with appropriate skill to provide such services. (Section 150(b) of the Act)	A4060		

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A4060	Continued From page 1 These requirements were not met as evidenced by: Based on interview and record review the establishment failed to ensure the safety of one (R1) resident with dementia reviewed for resident safety. Findings include: R1's progress notes dated 3/13/25 document admission to the establishment. R1's Mini-Mental State Examination (MMSE) dated 3/5/25, documents a score of 17 of 30 which is identified as clear impairment that may require 24 hour supervision. R1's progress notes dated 7/21/25 document increased confusion including wandering into other resident rooms. R1's progress notes dated 7/23/25 document overnight confusion with R1 packing and stating that her daughter was coming to get her. R1's progress notes dated 7/31/25 document increased confusion and lack of safety awareness. R1's progress notes dated 8/3/25 document that at approximately 11:00AM, R1 was not in her room prior to lunch. Staff looked for R1 in all rooms and outside of the building when another resident's family member pulled up to the establishment with R1 in the car. The family member stated that she found R1 walking in the middle of the road past the facility.	A4060		

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A4060	Continued From page 2 R1's progress note dated 8/13/25 documents that R1 was discharged to a memory care facility. On 9/11/25 at 9:55AM, E3 Resident Assistant stated that R1 was occasionally confused but progressed quickly to confused all of the time, not knowing where her room was and wandering into other people's rooms frequently. On 9/11/25 at 9:45AM, E2 Director of Nursing stated that she told the people in charge that R1 had a MMSE of 17 on admission and confirmed that an alarm was placed on R1's door to let the staff know when she was exiting her room so they could watch her. On 9/11/25 at 9:00AM, E1, Executive Director stated, "R1 went to a memory care facility after the incident. From my perspective, she wasn't an appropriate resident for this facility."	A4060		